

UNITED STATES BANKRUPTCY COURT Northern District of Texas (Dallas Division)

PROOF OF CLAIM

Name of Debtor: **Erickson Construction, LLC**

Case Number: **09-37016**


NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

 20835747000968
CARNEY & COMPANY, INC
 636 SCHNEIDER DRIVE
 SOUTH ELGIN, IL 60177

YOUR CLAIM IS SCHEDULED AS:
 Schedule/Claim ID: s1028 
AMOUNT/CLASSIFICATION
 \$20,589.00 UNSECURED

Court Claim Number: _____
 (If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

RECEIVED
JAN 08 2010
BMC GROUP

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: **\$ 20,589.00**

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Amount entitled to priority:

\$ _____

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

2. Basis for Claim: **Goods Sold**
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: **2068**

3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
 Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: **1/6/10**

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.



Lisa Eberly, President

FOR COURT USE ONLY

Erickson Ret. Comm. LLC



00306



CARNEY
and
COMPANY, INC.

636 SCHNEIDER DRIVE SOUTH ELGIN, ILLINOIS 60177
PHONE: (847) 931-4440 FAX (847) 931-4498

ARCHITECTURAL SPECIALTIES _____

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ERICKSON CONSTRUCTION, LLC
RE: RENAISSANCE GARDENS @ SEDGEBROOK
20 RIVERSIDE ROAD
LINCOLNSHIRE IL 60069

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ERICKSON CONSTRUCTION, LLC
TAG: RENAISSANCE GARDENS @ SEDGEBR
20 RIVERSIDE ROAD
LINCOLNSHIRE IL 60069

INVOICE

DATE 10/20/08

INVOICE # 200810090

DUE DATE	TERMS	SHIP VIA	YOUR #	OUR #
11/19/08	0/ 0/ N30	UPS GROUND	09/29/08	RG@SP1

QUANTITY	DESCRIPTION	
1	PROJECTION SCREEN - 84" X 84"	
	MATERIAL	587.43
	FREIGHT	83.51

Thank you for this order.
We appreciate your business.

PAGE: 1

SUB TOTAL	
TAX	670.94
TOTAL	44.06
	715.00
NET TO PAY	\$ 715.00



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LINCOLNSHIRE IL 60069

INVOICE

DATE
10/20/08

INVOICE #
200810100

DUE DATE 11/19/08	TERMS 0/ 0/ N30	SHIP VIA COMMON CARRIER	YOUR # 517EC10-2	OUR # RG@SP1
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QUANTITY	DESCRIPTION	
25 -	FIRE EXTINGUISHER CABINET	
17 -	SHOWER CURTAIN ROD - 60"	
4 -	SWING UP GRAB BAR	
155-	MIRROR - 30" X 36"	
9 -	SHELF - 24"	
MATERIAL		14210.76
FREIGHT		297.43

Thank you for this order.
We appreciate your business.

PAGE: 1

SUB TOTAL	14508.19
TAX	1065.81
TOTAL	15574.00
NET TO PAY	\$ 15574.00



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LINCOLNSHIRE IL 60069

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ERICKSON CONSTRUCTION, LLC
TAG: RENAISSANCE GARDENS @ SEDGEBR
20 RIVERSIDE ROAD
LINCOLNSHIRE IL 60069

INVOICE

DATE
02/18/09

INVOICE #
200902068

DUE DATE 03/20/09	TERMS 0/ 0/ N30	SHIP VIA COMMON CARRIER	YOUR # 517EC10-11	OUR # RG@SP1
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QUANTITY	DESCRIPTION	
	HBC #07-08060	
6 -	TOILET COMPARTMENT	
	MATERIAL	2252.09
	FREIGHT	319.00
	LABOR	1560.00

Thank you for this order.
We appreciate your business.

PAGE: 1

SUB TOTAL	4131.09
TAX	168.91
TOTAL	4300.00
NET TO PAY	\$ 4300.00